Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Brittany Jones	M M / D D / Y Y Y Y
Mailing Address 338 Wayne Drive	07 28 2014 Amount
City State Zip Code	25.00
Shreveport LA 71105	Transaction ID: 6e63a668-6b5b-428b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
Full Name of Payee Casey Stockton	Date of Public Distribution/Dissemination
	07 28 2014
Mailing Address 105 South Dale St	Amount
City State Zip Code	70.00
Spruce Pine NC 28777	Transaction ID : 16b38702-7095-4b0d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 28 2014
Name of Foderal Condidate	2 20
Ma Kay Haran	te Sought: House District: 00
Oppose	President State: State:
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) CURTOTAL of Hamized Independent Europeditures	05.00
(a) SUBTOTAL of Itemized Independent Expenditures	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Ms. Emily Buchanan	M / D D / Y Y Y Y
Signature [Electronically Filed] Date	07 31 2014

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 2 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			07 28 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	22.20
Spruce Pine	NC	28777	Transaction ID : ea70cf9c-2dd6-4df0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			07 28 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	70.00
Spruce Pine	NC	28777	Transaction ID : 01ae05a0-6ef3-41df-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	187214.37	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		92.20
(1) OUDTOTAL (11):	15		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
z.g			

Women Speak Out PAC	DENTIFICATION NUMBER ▼ C00530766
C	
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Date of Public	c Distribution/Dissemination
Lorri Anderson	28 2014
Mailing Address 7214 Duchamp Dr Amount	
City State Zip Code	25.00
Charlotte NC 23215 Transaction I	ID: 738bdaf0-321d-492c-b ursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	28 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms Kay Hagan	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014	Primary Seneral
Other (sp	
Lorri Anderson	c Distribution/Dissemination
Mailing Address 7214 Duchamp Dr Amount	28 2014
City State Zip Code	10.80
	D: 34c8247b-58a2-4df9-b ursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	/ 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (sp	Primary ⊠ General Decify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	35.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperat with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the report party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 31	/ Y = Y = Y = Y = 2014
Signature	

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OF

Schedule E)	EXI END	TOTILO		PAGE 4 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends	report file	ed on Mam / Dad / Yayayay
Full Name of Davis				
Full Name of Payee Jessica Habakjian				Date of Public Distribution/Dissemination 07 28 2014
Mailing Address 4193 W. Lang St				Amount
City	tate	Zip Code		55.00
Farmville	NC	27828		Transaction ID: a1a19e71-bc25-4747-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	07
Name of Federal Candidate		Suppo	ort Off	fice Sought: House District: 00
Ms. Kay Hagan		X Oppos	se [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	. 1	87214.37	Dis 201	sbursement For: Primary X General 14 Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Jessica Habakjian				07 28 2014
Mailing Address 4193 W. Lang St				T . L
				Amount
City	state	Zip Code		12.00
	NC	27828		Transaction ID: e90e6570-22a7-440c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppo	ort Off	fice Sought: House District: 00
Ms. Kay Hagan		X Oppos	se	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Dis 20	sbursement For: Primary
			'	
(a) SUBTOTAL of Itemized Independent Expenditures			······ >	67.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S		······ >	
(c) TOTAL Independent Expenditures			······	
Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_	_	

Schedule E)	TOTILO	PAGE 5 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	ort Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Christopher L Grau		Date of Public Distribution/Dissemination
Mailing Address 2328 Caplis Sligo Rd		07 28 2014 Amount
City State	Zip Code	30.00
Bossier City LA	71112	Transaction ID : 905e04ed-bf9e-4577-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 28 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	76774.71 Dis 201	bursement For: Primary ☐ General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Christopher L Grau		07 28 2014
Mailing Address 2328 Caplis Sligo Rd		Amount
City State	Zip Code	14.40
Bossier City LA	71112	Transaction ID : 93c7f22a-7d33-4338-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 28 Y 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	76774.71 Dis 20°	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	44.40
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	07 31 2014
Signature		

Schedule E)	W ENDITORIES	PAGE 6 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle		07 28 2014 Amount
2	7. 0.4.	20.00
City State Harrisonburg VA	•	20.00 Transaction ID : 29a2a125-d6b2-470f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 28 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	187214.37 Dis 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee Barbara E Spritz Mailing Address 3346 Durham St Ext		Date of Public Distribution/Dissemination 07 28 2014
Malling Address 3346 Durham St Ext		Amount
City Stat Burlington NC	•	65.00 Transaction ID: 92b28817-bbe7-4232-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 28 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	187214.37 Dis 20°	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	5
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee Barbara E Spritz	Date of Public Distribution/Dissemination
·	07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3346 Durham St Ext	Amount
City State Zip Code	3.30
Burlington NC 27217	Transaction ID : 920fc84d-91cf-476e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 28 7 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Allie Butler	07 28 2014
Mailing Address 1676 Shady Creek Rd	Amount
City State Zip Code	36.60
Ayden NC 28513	Transaction ID : 1ffea4dd-3fd0-40d2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 28 7 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	39.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not newith, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature Discription Discrip	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
organization — — — — — — — — — — — — — — — — — — —	

Schedule E)	PENT EXTEND	TIONES	PAGE 8 OF 7 FOR SE OF FORM 24/4	75 18
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBE	R▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	on
Steven Jean			07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 2012 Harrison Ave			Amount	
City	State	Zip Code	80.	00
Winston Salem	NC	27105	Transaction ID: 7682ce6a-118c-42d2 Date of Disbursement or Obligation	-b
Purpose of Expenditure Salary		Category/ Type 001	07 28 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President State: N	IC
Calendar Year-To-Date Per Election for Office Sought	7	187214.37	Disbursement For: Primary	neral
Full Name of Payee			Date of Public Distribution/Dissemination	on
Steven Jean			07 / 28 / 2014	Y
Mailing Address 2012 Harrison Ave			Amount	
City	State	Zip Code	9.00	0
Winston Salem	NC	27105	Transaction ID: 0abbfb4e-3a47-4318-8 Date of Disbursement or Obligation	В
Purpose of Expenditure Mileage		Category/ Type 002	07 28 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President State:	IC
Calendar Year-To-Date Per Election for Office Sought	7	187214.37	Disbursement For: Primary	neral
(a) SUBTOTAL of Itemized Independent Exper	ditures		89.00	j
(b) SUBTOTAL of Uniternized Independent Exp	oondituroo			Ξ
(b) SOBTOTAL OF Officernized independent Exp	perioritares			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cap party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
5.g.ia.a.o				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 9 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Emily Butler			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1676 Shady Creek Rd			Amount
City	State	Zip Code	39.20
Ayden	NC	28513	Transaction ID : fed51da8-d0f9-47f0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	187214.37	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Virginia M Stevens			07 28 2014
Mailing Address 1691 Fork Mtn Rd			Amount
City	State	Zip Code	40.00
Bakersville	NC	28705	Transaction ID : 3ca89050-1fcd-4cce-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		79.20
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(.,			7 7 7
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)		PAGE 10 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M - M / D - D / Y - Y - Y - Y
Check if 24-hour report X 48-hour report No	ew report Amends report file	ed on
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd		
5 TOST FOIK WILL INC		Amount
City State	Zip Code	17.10
Bakersville NC	28705	Transaction ID : bfbd4553-e0e3-4a88-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	187214.37 Dis	bursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Sarah Nugent		07 28 2014
Mailing Address 2 White Oak Court		
		Amount
City State	Zip Code	40.00
Searcy AR	72143	Transaction ID: 8fd6b855-33e6-4db7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M 07
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	39336.86 Dis	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	57.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	42 42 43
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expensivith, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date	07 31 2014
Signature		

Schedule E)	IN EXILIN	SHORLS	PAGE 11 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sarah Nugent			07
Mailing Address 2 White Oak Court			Amount
City	State	Zip Code	14.61
Searcy	AR	72143	Transaction ID : 54ad9856-4974-4ac4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		39336.86	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			07 / 28 / 2014
333 24.0 2			Amount
City	State	Zip Code	60.00
Shelby Purpose of Expenditure	NC	28152	Transaction ID: 4d4fc749-dd17-4e62-9 Date of Disbursement or Obligation
Salary		Category/ Type 001	07 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	187214.37	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		74.61
(b) SUBTOTAL of Unitermized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 31 7 2014
3.9			

Schedule E)	LIVI EXI EIVE	TIONES	PAGE 12 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			07 28 2014
			Amount
City	State	Zip Code	15.30
Shelby	NC	28152	Transaction ID: eca74714-9ec3-41df-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 28 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	187214.37	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Solveig Lysne			07 28 2014
Mailing Address 7121 Oyster Lane			Amount
City	State	Zip Code	23.90
Wilmington	NC	28411	Transaction ID: 8a3863e5-ec3f-4b05-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 28 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary Genera 2014 Genera Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 39.20
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Solveig Lysne	07 28 2014
Mailing Address 7121 Oyster Lane An	nount
City State Zip Code	2.34
Wilmington NC 28411 Tra	ansaction ID : 22dfdab8-831f-407c-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07
Name of Federal Candidate Support Office So	ught: House District:00
Mc Kay Hagan	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
Full Name of Payee Da	
Ralphie Lockhart	ate of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6310 Col Glenn Rd	07 28 2014 mount
City State Zip Code	55.00
Little Rock AR 72204 Tra	insaction ID: 91368aff-d396-4e11-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 28 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Mark L Pryor	esident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	57.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	31 2014
Signature	

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OF

Schedule E)		PAGE 14 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 5555512
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D D / Y H Y H Y
Full Name of Payee Mattie Harris		of Public Distribution/Dissemination
Mailing Address 3654 Tara St		07 28 2014
Walling Address 3654 Tara St	Amou	nt
City State Zip Co	de	30.00
springdale AR 72762		action ID: b517bdda-4da5-4307-a of Disbursement or Obligation
Purpose of Expenditure Salary Category		07
Name of Federal Candidate	Support Office Sough	t: House District: 00
Mr. Mark L Pryor	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 39336.8	Disbursemen 2014 O	t For: Primary X General
Full Name of Payee	'	of Public Distribution/Dissemination
Mattie Harris		/ M / D D / Y Y Y Y
Mailing Address 3654 Tara St	L	07 28 2014
3004 Tald Ct	Amou	int
City State Zip Co	ide	7.80
springdale AR 72762	Transa	action ID: 626a5d0c-eefd-41c3-a of Disbursement or Obligation
Purpose of Expenditure Mileage Category	gory/ Type 002	07 28 2014
Name of Federal Candidate	Support Office Sough	nt: House District:00
Mr. Mark L Pryor	Oppose Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 393	Disbursemen 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	37.80
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7
(c) TOTAL Independent Expenditures	· .	7 1 7 1 5 1
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Fi	led] Date 07	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedu	le E)	1 L /(1 L /(2)				}	PAGE 15 FOR SE OF		75 48
	COMMITTEE (In Full)						ENTIFICATION		
Wome	en Speak Out PAC						C00530766		
Check if	24-hour report X 48-hour report	New repo	ort Amends	s report fi	iled on	M /	D = D /	YYYY	Y
Full N	lame of Payee na Harris					f Public	Distribution/	Disseminati	
Mailin	g Address 3654 Tara St					07	28	2014	الـ
275			-: 0 t						20
City Sprin	ngdale	State AR	Zip Code 72762				D: d0b1fe07	-d752-415d	.00 I-a
Purpo Salar	ose of Expenditure Cy		Category/ Type	001	М	07 /	28	2014	Y
Name	of Federal Candidate		Supp	port Of	ffice Sought	: [House	District:	00
Mr. N	flark L Pryor		Х Орро		Preside	_			\R
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	39336.86		isbursement 014 Ot	For: her (spe	Primary ecify) ▶	X Ger	neral
Car	Name of Payee Tmen Maddrey ag Address 2043 Nottingham Ln				M	f Public	Distribution/	/Disseminat Y Y Y 2014	Υ
	2040 Nottingham En				Amour	nt			
City Burli	ngton	State NC	Zip Code 27215		Transac	ction ID	: 2b67b361 -	70.0 -83b8-41a9	
Purpo Sala	ose of Expenditure ry		Category/ Type	001	M	07 ^M	28	2014	Y
Name	e of Federal Candidate		Supp	port O	office Sought	: [House	District:	00
Ms. h	Kay Hagan		X Oppo	ose [Preside	nt >	Senate	State:	NC
	Calendar Year-To-Date Per Election for Office Sought	7	187214.37		isbursement 014 Ot	For: her (sp	Primary ecify) ▶	Ge	neral
(a) SU	IBTOTAL of Itemized Independent Expenditure)S		·····		-		100.00	
(b) SU	IBTOTAL of Unitemized Independent Expendit	ures		······					
(c) TO	TAL Independent Expenditures			······		- 	1 1 4		
with, or	penalty of perjury I certify that the independer at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized							
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M M /	31	201	4 Y	
Sign	nature								

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Carmen Maddrey	07 28 2014
Mailing Address 2043 Nottingham Ln	Amount
City State Zip Code	3.60
Burlington NC 27215	Transaction ID : 3e4865ce-87de-40f4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Francesca Blom	07 28 2014
Mailing Address 101 Asbury Ct	Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID : e2faef2d-9779-4bcc-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 28 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	7 31 2014
Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Gabriella E Hansen	07 28 2014
Mailing Address 310 West Meath Drive Amo	punt
City State Zip Code	20.00
Winterville NC 28590 Tran	nsaction ID: 459c72cd-9fff-4065-a e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date	e of Public Distribution/Dissemination
Gabriella E Hansen	07 28 2014
Mailing Address 310 West Meath Drive Amo	punt
City State Zip Code	3.60
	saction ID : cd0bd456-29c1-49dd-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 28 / 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	23.60
(b) SUBTOTAL of Unitemized Independent Expenditures	141415
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	31 2014
Signature	

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OF

Schedule E)	DENT EXTEND	ITORES	PAGE 18 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			07 / 28 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	60.00
New Orleans	LA	70131	Transaction ID : 23c78fb0-289b-4816-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			07 28 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	6.00
New Orleans	LA	70131	Transaction ID: e9424f0d-6e55-45bc-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		66.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 31 2014
5.g.ia.a.o			

ooneddie E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Ms. Chassidy Menard	07 28 2014
Mailing Address 515 Walter Dr.	mount
City State Zip Code	10.00
Lafayette LA 70507 Tr	ransaction ID : 0fec01d0-baa9-4e7c-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 28 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Mary I Landrieu	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary General
Full Name of Payee Da	Other (specify) ►ate of Public Distribution/Dissemination
Ms. Chassidy Menard	ate of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 515 Walter Dr.	mount
City State Zip Code	1.50
Da	ansaction ID: 5a454ab8-c794-4997-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburses 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	11.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	31 2014
Signature	

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OF

Schedule E)	LIVI LAFLIVI	DITORES	PAGE 20 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination
Mailing Address 312 S Gunter St			07 28 2014 Amount
City	State	Zip Code	50.00
Siloam Springs	AR	72761	Transaction ID: 574e1940-cb4d-4d05-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 28 Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		39336.86	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination
Mailing Address 312 S Gunter St			07 28 2014 Amount
City	State	Zip Code	9.00
Siloam Springs	AR	72761	Transaction ID : f6934b6b-e1f6-43f1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		39336.86	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 59.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •
() 			
(c) TOTAL Independent Expenditures			•
	ididate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	onically Filed] Date	9 07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	JENT EXTEND	HORLS	PAGE 21 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination
Mailing Address 3002 Darden Rd			07 28 2014 Amount
Apt A			
City	State NC	Zip Code 27407	100.00 Transaction ID : 079731a1-b70a-416f-b
Greensboro	NC	2/40/	Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: ☐ Primary ☐ Genera 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sarah Biviano			07 28 2014
Mailing Address 603 Greenwood Dr			Amount
City	State	Zip Code	40.00
Searcy	AR	72143	Transaction ID: 78e03642-85d2-4003-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	,,,,	39336.86	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		140.00
(b) OUDTOTAL of Heliconical Independent Francisco			
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Phillip Williams	07 28 2014
	Mailing Address 3007 Darden Rd	Amount
	City State Zip Code	95.00
	Greensboro NC 27407	Transaction ID: e382229e-4090-475c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
		Other (specify)
	Full Name of Payee Phillip Williams	Date of Public Distribution/Dissemination
	Mailing Address 3007 Darden Rd	07 28 2014 Amount
	City State Zip Code	26.10
	Greensboro NC 27407	Transaction ID : 6740a50a-f299-47d1-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 187214.37	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	121.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	7 31 2014
	Signature	
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ocnedate	,		FOR SE OF	FORM 24/48
	OMMITTEE (In Full)	FEC	IDENTIFICATI	ON NUMBER ▼
vvomen	Speak Out PAC	С	C00530766	
Check if	24-hour report X 48-hour report New report Amends report filed on	M = M	/ D D /	Y
		e of Pul	blic Distribution	/Dissemination
	rly Williams	M M M	28	2014
Mailing A	Address 3007 Darden Rd Am	ount		
City	State Zip Code			95.00
Greens	poro NC 27407 Tra		n ID: b1e7b7b	e-aa1e-4bdc-8
Purpose Salary	of Expenditure Category/ Type 001	07	28	2014
Name o	Federal Candidate Support Office Sou	ght:	House	District: 00
Ms. Kay	Hagan	ident	X Senate	State: NC
	endar Year-To-Date Election for Office Sought Disbursem 2014			/ X General
		Other ((specify) -	
	ne of Payee Date ex Peyton	M = M	blic Distribution	Y Y Y Y Y Y
Mailing	000 1 1101/0 1 (d	07 ount	28	2014
City	State Zip Code LA 70589 Tran		ID : b382018c	70.00
Washir	Dat	e of Dis	sbursement or	Obligation
Salary	of Expenditure Category/ Type 001	07 ^M	28	2014
Name o	Federal Candidate Support Office Sou	ight:	House	District:00
Ms. Ma	y L Landrieu	_	Senate	State: LA
	endar Year-To-Date Election for Office Sought Disbursem 2014			y X General
		Other ((specify) ►	
(a) SUB	OTAL of Itemized Independent Expenditures			165.00
(b) SUB	OTAL of Unitemized Independent Expenditures		7 1 1 7	
(c) TOTA	L Independent Expenditures			
with, or a	nalty of perjury I certify that the independent expenditures reported herein were not made in the request or suggestion of, any candidate or authorized committee or agent of either, or mittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 07	/ 31		14
Signat	Buto 91			

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Schedule E)		INDENT EXICIO	101120		PAGE 24 OF 75 FOR SE OF FORM 24/48
NAME OF COMMI					FEC IDENTIFICATION NUMBER ▼
Women Spe	ak Out PAC				C C00530766
Check if 24-ho	our report X 48-hour re	eport New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y - Y
Full Name of F				Date of	of Public Distribution/Dissemination
	S 859 Hicks Rd				07 28 7 2014
Walling Address	5 859 HICKS Ka			Amour	nt
City		State	Zip Code		39.00
Washington		LA	70589		action ID : 54aaef73-ed5a-48f0-a of Disbursement or Obligation
Purpose of Exp Mileage	penditure		Category/ Type 002		07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Feder	al Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Laı	ndrieu		X Oppose	Preside	
	Year-To-Date on for Office Sought		76774.71	Disbursement 2014 Ot	t For: Primary
Full Name of F				Date of	of Public Distribution/Dissemination
Trent C O	elschlaeger			М	07 28 2014
Mailing Addres	s 18710 Strawberry Plan	t Road			07 28 2014
	10/10 Onansony i .a	rivoad		Amou	nt
City		State	Zip Code		37.00
Fayetteville		AR	72704		ction ID: 1fe298de-3f9b-4e65-a f Disbursement or Obligation
Purpose of Ex Salary	penditure		Category/ Type 001	М	07 28 2014
Name of Fede	ral Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pry	or		Oppose	Preside	
	Year-To-Date on for Office Sought		39336.86	Disbursemen 2014 O	t For:
() QUETOTAL	, , , , , , , , , , , , , , , , , , ,				
(a) SUBTOTAL	of Itemized Independent E	xpenditures		· •	76.00
(b) SUBTOTAL	of Unitemized Independent	Expenditures		•	7 1 7 1 7
(c) TOTAL Inde	pendent Expenditures			•	7 1 7 1 7
with, or at the re		y candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms	. Emily Buchanan	[Electroni	ically Filed] Date	9 07	31 2014
Signature					

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Trent C Oelschlaeger		07 28 2014
Mailing Address 18710 Strawberry Plant Road	Ar	mount
City	State Zip Code	15.90
Fayetteville		ransaction ID: ee92f752-4d0b-49d1-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 28 7 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	Oppose Pre	esident State: AR
Calendar Year-To-Date Per Election for Office Sought	39336.86 Disburser 2014	ment For:
Full Name of Payee Warren Gravois Mailing Address 16005 7th St		ate of Public Distribution/Dissemination M M M / 28 / 2014 mount
City	State Zip Code	20.00
Pearlington		ansaction ID : 6eb76acf-0180-4736-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 28 7 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pre	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	76774.71 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	35.90
(b) SUBTOTAL of Unitemized Independent Expenditure	ss	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 07	31 2014
Signature		

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Schedule E)	IN EXILIN	JII OI LO	PAGE 26 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Warren Gravois			07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 16005 7th St			Amount
City	State	Zip Code	0.60
Pearlington	MS	39572	Transaction ID : a144af61-b3b2-43e2-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		76774.71	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Nathan D Wirebaugh			07 28 2014
Mailing Address 7320 Red Maple Dr			Amount
City	State	Zip Code	30.00
Holland	ОН	43528	Transaction ID : 4f3dce36-4d9f-44b8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 28 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	187214.37	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		30.60
			7 7 7 7
(b) SUBTOTAL of Unitermized Independent Exper	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 31 2014
Signataro			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Zachary Vidrine	07 28 2014
Mailing Address 202 Rue Des Cajun	07 20 2014
	Amount
City State Zip Code	40.00
Ville Platte LA 70586	Transaction ID: 993ea705-6b16-4a9a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 28 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disk 2014	oursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Zachary Vidrine	07 28 2014
Mailing Address 202 Rue Des Cajun	2014
	Amount
City State Zip Code	41.10
Ville Platte LA 70586	Transaction ID: 7307fbf3-14bb-4d57-9 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M M / D D / Y Y Y Y
Mileage Outgot yr Type 002	07 28 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Dist	pursement For: Primary X General
Per Election for Office Sought 76774.71 201	4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	81.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	DENT EXICIO	ITOTILO	PAGE 28 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Malinda Ledford			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	40.00
Spruce Pine	NC	28777	Transaction ID: 584047cf-f373-427d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary General 2014 Gher (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Malinda Ledford			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	17.10
Spruce Pine	NC	28777	Transaction ID : 9af316d0-cc71-4012-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		57.10
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

,						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	DENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Am	nends repo		M = M	/ D D /	Y T Y T Y
Full Name of Payee				Date	of Publ	ic Distribution/	Dissemination
Timothy Foley					M 07	28	2014
Mailing Address 20679 Glenbrook Terrace				Amo	unt		
City	State	Zip Code		— Г			35.00
Sterling	VA	20165				ID: 2c8f97f5- ursement or C	
Purpose of Expenditure Salary		Category/ Type	001] [07	28	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District: 00
Ms. Kay Hagan		\times	Oppose	Presid	dent [X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	87214.37		Disburseme		Primary pecify) ▶	General
Full Name of Payee Morgan R Padgett Mailing Address 2164 Kay Rd					of Publ	lic Distribution/	Dissemination Y Y Y Y Y Y Y 2014
City	State	Zip Code		$ \Gamma$			20.00
Greenville	NC	27858				ID: 556b7e1b- oursement or C	
Purpose of Expenditure Salary		Category/ Type	001		^M 07	28	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District: 00
Ms. Kay Hagan		X	Oppose	Presid	dent	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	187214.3	7	Disburseme 2014		Primary	X General
(a) SUBTOTAL of Itemized Independent Expenditures	S			· [7	55.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			· -		7	
(c) TOTAL Independent Expenditures				·		7	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized						
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	31	201	
Signature							

PAGE

OF

Schedule E)	INI EXI END	THORIES	PAGE 30 OF 75 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	1
Reagan Brackett			07 28 Y 2014	Y
Mailing Address 502 E Center Ave			Amount	
City	State	Zip Code	60.00	<u>.</u>
Searcy	AR	72143	Transaction ID: 0e7b24bc-13d2-4243-8 Date of Disbursement or Obligation	3
Purpose of Expenditure Salary		Category/ Type 001	07 28 7 2014	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	-
Calendar Year-To-Date Per Election for Office Sought	7	187214.37	Disbursement For: Primary	ral
Full Name of Payee			Date of Public Distribution/Dissemination	า
Reagan Brackett			07 D D / Y Y Y Y Y 2014	Y
Mailing Address 502 E Center Ave			Amount	
City	State	Zip Code	73.44	
Searcy	AR	72143	Transaction ID: 533a6d94-06f2-4077-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	07 28 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Ms. Kay Hagan		Oppose	President Senate State: NC	_
Calendar Year-To-Date Per Election for Office Sought	7	187214.37	Disbursement For: Primary X Gene 2014 Other (specify) ▶	ral
(a) SUBTOTAL of Itemized Independent Expendi	tures		133.44	
(b) SUBTOTAL of Unitemized Independent Expe	nditures			_
			4 4	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
- 3				

Schedule E)	O. MOEI EMBERT	EXI END	101120			PAGE 31 OF FORM 24/4	75 48
NAME OF COMMITTEE (In F						ENTIFICATION NUMBE	
Women Speak Out	PAC				C	000530766	
Check if 24-hour report	X 48-hour report	New repo	ort Amends rep	ort filed on	M = M /	D = D / Y = Y = Y	* Y
Full Name of Payee Elizabeth DeMair	ne			Date	e of Public	Distribution/Disseminati	
Mailing Address 75 Steph	nenson Ln			Amo	07 ount	28 2014	
City		State	Zip Code	<u> —</u> г		15	.00
Sheridan		AR	72143): c6ade50e-5be9-4d66 sement or Obligation	
Purpose of Expenditure Salary			Category/ Type 001		07	28 / Y Y Y Y Y 2014	Y
Name of Federal Candida	te		Support	Office Sou	ght:	House District:	00
Mr. Mark L Pryor			X Oppose		ident X	Senate State: A	AR
Calendar Year-To-Dat Per Election for Offic			39336.86	Disburseme 2014	ent For: Other (spe	Primary X Ger	neral
Full Name of Payee Elizabeth DeMaine	•			Dat	e of Public	Distribution/Disseminati	-
Mailing Address 75 Ste	phenson Ln			Am	ount		
City		State	Zip Code			37.2	
Sheridan		AR	72143	Tran Date	saction ID e of Disbur	: a4db8fa5-2d65-4b1e- sement or Obligation	b
Purpose of Expenditure Mileage			Category/ Type 002		07	28 / 2014	Y
Name of Federal Candida	ate		Support	Office Sou	ght:	House District:	00
Mr. Mark L Pryor			X Oppose	Pres	ident X	Senate State:	AR
Calendar Year-To-Da Per Election for Offic		, ,	39336.86	Disbursem 2014	ent For: Other (spe	Primary	neral
(a) SUBTOTAL of Itemized	d Independent Expenditures			• [52.20	\neg
(b) SUBTOTAL of Unitemize	zed Independent Expenditur	res			7		H
(c) TOTAL Independent Ex	kpenditures			▶	7		Ī
Under penalty of perjury I with, or at the request or s party committee) any politic		e or authorized					
Ms. Emily Buch	nanan	[Electroni	ically Filed] Dai	te 07	31	2014	
Signature							

Schedule E)	ENDERN EXILEND			PAGE 32 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour	report New report	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Felice Barrett			Date of Public	c Distribution/Dissemination
Mailing Address 1588 Asbury			O7 Amount	28 2014
City	State	Zip Code		30.00
Springdale	AR	72762		D: 7ee5011e-7549-4b81-a
Purpose of Expenditure Salary		Category/ Type 001	07 /	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	39336.86	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Felice Barrett			Date of Public	c Distribution/Dissemination
Mailing Address 1588 Asbury			Amount	20 2014
City	State	Zip Code		10.02
Springdale	AR	72762	Transaction II Date of Disbu	D: 06b87f79-6175-49a1-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	28 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		39336.86	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent	Expenditures		•	40.02
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		· ·	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	07 / 31	2014
Signature				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Theresa A Touchet	07 28 2014
	Mailing Address 102 French Street #3	Amount
	City State Zip Code	5.00
	New Orleans NC 70124	Transaction ID : cc10800f-b906-4910-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	Full Name of Payer	
	Full Name of Payee Theresa A Touchet	Date of Public Distribution/Dissemination 07 07 07 07 07 07 07 07
	Mailing Address 102 French Street #3	Amount
	City State Zip Code	0.30
	New Orleans NC 70124	Transaction ID : e524d0be-a199-4c4d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbt 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	5.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	7 31 2014
	Signature	

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OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 34 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			07 28 2014
- COOT BUILDINKS			Amount
City	State	Zip Code	101.50
Greensboro	NC	27407	Transaction ID: e7ce0bc9-ce3e-4c6e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Petrina Williams			07 28 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	22.20
Greensboro	NC	27407	Transaction ID : 2994c37b-98e5-42a6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 28 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		123.70
(b) SUBTOTAL of Unitermized Independent Exp	enditures)
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed or	1
	Date of Public Distribution/Dissemination
Lesley Lennox	07 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave	Amount
City State Zip Code	22.50
Metairie LA 70001 T	Fransaction ID: 02078a9b-a90a-4ddf-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Mary L Landrieu	resident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary General
	Other (specify)
Full Name of Payee Lesley Lennox	Date of Public Distribution/Dissemination
Mailing Address 2305 Cleary Ave	07 28 2014 Amount
City State Zip Code	1.50
	ransaction ID : a5cef280-e784-4551-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 28 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	24.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	31 2014
Signature	لسنيا ليا ا

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OF

Schedule E)	T EXI END	TIONES		PAGE 36 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			[C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Lily Green			М	
Mailing Address 205 Medallion Circle			Amount	7 28 2014
City	State	Zip Code		70.00
Shreveport	LA	71119		ction ID : 526e96ce-2b18-4be0-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M C	7 28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 7	76774.71	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Lily Green			M	07 28 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		26.10
Shreveport	LA	71119		tion ID : 2a54c0f3-f681-400b-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		7 28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	76774.71	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		.	96.10
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independ- with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		31 2014
Signature				

Sch	nedule E)	EXI END	TOTILO		_	AGE 37 OF 75 OR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)					TIFICATION NUMBER	
W	omen Speak Out PAC				C co	0530766	
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends re	port filed o		D D / Y Y Y	Y
1	Full Name of Payee Theresa Burkhart				Date of Public D	istribution/Dissemination	
	Mailing Address 3126 Chester Ct				07 Amount	28 2014	
	Oit.	Ctata	Zin Code			20.00	
ľ	City Metairie	State LA	Zip Code 70006			30.00 98aed291-8f09-446a-9 ement or Obligation	_
	Purpose of Expenditure Salary		Category/ Type 00	-	07 /	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
h	Name of Federal Candidate		Support	Office :	Sought:	House District: 00)
	Ms. Mary L Landrieu		X Oppose			Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		76774.71	Disburs 2014	ement For: Other (speci	Primary X Gene	ral
	Full Name of Payee Theresa Burkhart				Date of Public D	Distribution/Dissemination	
	Mailing Address 3126 Chester Ct				Amount		
ŀ	City	State	Zip Code			5.49	
	Metairie	LA	70006	Т	ransaction ID:	e04f1fa4-7b35-46fa-8 ement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 00	2	07	28 / 2014	Y
	Name of Federal Candidate		Support	Office	Sought:	House District: 00	<u>) </u>
L	Ms. Mary L Landrieu		X Oppose	F	President X	Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	76774.71	Disburs 2014	sement For: Other (spec	Primary X Gene	eral
,) OUDTOT!! (! : : ! ! !						\neg
(a	 a) SUBTOTAL of Itemized Independent Expenditures 	3		▶	7	35.49	_
(k	b) SUBTOTAL of Unitemized Independent Expenditu	res		···· •	7	7 7	
(0	c) TOTAL Independent Expenditures			····· •	7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
W	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed] Da	ate 07	M / D D /	2014	
	Signature						

Schedule E)	I EXI END	HOHLO		PAGE 38 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends re	eport filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Kenny Wallis				Date of Public Distribution/Dissemination
Mailing Address 6412 Osage Dr				07 28 2014 Amount
City	State	Zip Code		25.00
North Little rock	AR	72116		Transaction ID : fb5f792d-a587-4b9a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 0	01	07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	t Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	39336.86	Disbur 2014	rsement For: Primary General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Kenny Wallis				07 28 2014
Mailing Address 6412 Osage Dr				0 20 20 20 20 20 20 20 20 20 20 20 20 20
				Amount
City	State	Zip Code		4.62
North Little rock	AR	72116		Transaction ID : d69ceed9-1ff1-40f2-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	02	07
Name of Federal Candidate		Suppor	t Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	39336.86	Disbu 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	S		····· >	29.62
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		····· >	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed]	Date 07	
Signature				

Schedule E)	LIVI EXI END	TIONES	PAGE 39 OF 75 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Christine Stevens			07			
Mailing Address 100 Asbury Ct			Amount			
City	State	Zip Code	70.00			
Winchester	VA	22602	Transaction ID : 0ae55272-7c37-4afa-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07 28 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Rodney O Culbreath			07 28 7 2014			
Mailing Address 100 Asbury Ct			Amount			
City	State	Zip Code	70.00			
Winchester	VA	22602	Transaction ID : f941fc61-34a9-4d49-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary ☐ General 2014 Other (specify) ►			
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 140.00			
(b) SUBTOTAL of Unitemized Independent Exp	enditures					
(b) GOD TOTAL OF CHIRCHINGS INdependent Exp	orialiares					
(c) TOTAL Independent Expenditures			•			
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 31 2014			
Signature						

	Tieddic E)	FOR SE OF FORM 24/48					
	IAME OF COMMITTEE (In Full) Momon Speek Out BAC						
۷۷	omen Speak Out PAC	C C00530766					
 Che	eck if 24-hour report X 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y					
Т	Full Name of Payee	Date of Public Distribution/Dissemination					
	Rze Culbreath	07					
	Mailing Address 100 Asbury Ct	Amount					
ŀ	City State Zip Code	60.00					
	Winchester VA 22602	Transaction ID: 8d7d0bbc-6c50-4edd-b Date of Disbursement or Obligation					
Ī	Purpose of Expenditure Salary Category/ Type 001	07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
t	Name of Federal Candidate Support Office	e Sought: House District:00					
	Ms. Kay Hagan Oppose	President State: NC					
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary General					
-		Other (specify)					
	Full Name of Payee Rodney D Culbreth	Date of Public Distribution/Dissemination					
1	Mailing Address 100 Asbury CT	07 28 2014 Amount					
	3200 Dam Neck Rd	, anoun					
Ī	City State Zip Code	60.00					
	Winchester VA 22602	Transaction ID: 5966d21d-ba9f-41d0-a Date of Disbursement or Obligation					
	Purpose of Expenditure Salary Category/ Type 001	07 28 7 2014					
ŀ	Name of Federal Candidate Support Office	e Sought: House District:00					
		President Senate State: NC					
		ursement For: Primary X General Other (specify) ▶					
	a) SUBTOTAL of Itemized Independent Expenditures	120.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
•		4 4					
(c) TOTAL Independent Expenditures	4 4					
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronically Filed] Date)7 31 2014					
_	Signature	2017					

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OF

······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Cassidy Quartararo	07 28 2014
Mailing Address 632 Cameron Court	Amount
City State Zip Code	30.00
Kenner LA 70065	Transaction ID : be5e2ea0-fb8b-48ac-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Jon E Conner	Date of Public Distribution/Dissemination 07 28 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	40.00
Winchester VA 22602	Transaction ID : b5f9414c-23a3-4491-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 28 / Y 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 31 2014
Signature	

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OF

Sc	hedule E)	1511 01120	<u> </u>	PAGE 42 OF 75 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			NTIFICATION NUMBER ▼
W	omen Speak Out PAC		Cc	00530766
			M M /	
Che	cck if 24-hour report X 48-hour report New	report Amends repo	t filed on	
	Full Name of Payee Christopher Marquess		Date of Public I	Distribution/Dissemination
-	Mailing Address 110 W Pecan St		07	28 2014
	3 VIVI III W Fecan St		Amount	
ı	City State	Zip Code		50.00
	Ville Platte LA	70586		: b1dc18d5-d9ad-4185-9 ement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07 /	28 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	76774.71	Disbursement For: 2014 Other (spec	Primary
ſ	Full Name of Payee		Date of Public	Distribution/Dissemination
1	Christopher Marquess		07 /	28 2014
ľ	Mailing Address 110 W Pecan St			
1			Amount	
ľ	City State	Zip Code		33.60
	Ville Platte LA	70586	Transaction ID : Date of Disburs	3543bd35-9f3c-4eaa-b sement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	07 /	28 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
L	Ms. Mary L Landrieu	Oppose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	76774.71	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditures		>	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		•	4
٧	Under penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or authoriearty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Elect	tronically Filed] Date	07 / 31	2014
	Signature	_		

Schedule E)	VI EXI END	HONES	+	PAGE 43 OF 75 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼	
Vomen Speak Out PAC C c00530766					
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Bradley K Kissinger			Date of Public	Distribution/Dissemination	
Mailing Address 3113 Imperial Valley Dr.			07 Amount	28 2014	
City Little Rock	State AR	Zip Code 72212		30.00 D: 3766844b-13f3-4dc8-9 rement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbut	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		X Oppose	President >		
Calendar Year-To-Date Per Election for Office Sought	7 7	39336.86	Disbursement For: 2014 Other (spe	Primary	
Full Name of Payee Bradley K Kissinger	_		Date of Public	Distribution/Dissemination	
Mailing Address 3113 Imperial Valley Dr.			Amount	28 2014	
City	State	Zip Code		6.00	
Little Rock	AR	72212		: 8418e7d8-e474-4fb5-9 rsement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	07 /	28 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		Oppose	President >	Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	, , ,	39336.86	Disbursement For: 2014 Other (spe	Primary X General	
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	36.00	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		. •		
(a) TOTAL Independent Expenditures			1 1 1	7	
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize				
Ms. Emily Buchanan	[Electron	nically Filed] Date	07 31	2014	
Signature					

,			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In		· · · · · · · · · · · · · · · · · · ·	FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	II PAC		C C00530766
Check if 24-hour report	rt 🔀 48-hour report New	v report Amends report f	iled on Mam / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Larry Freeman			07 28 2014
Mailing Address 11214	Mesa drive		Amount
City	State	Zip Code	70.00
Little rock	AR	72211	Transaction ID : 1beefe9e-e14a-44f4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	,	Category/ Type 001	07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Cand	idate	Support O	ffice Sought: House District:00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-I Per Election for O	3.13		isbursement For: Primary ⊠ General 114
Full Name of Payee OBrian Price Mailing Address 240	0 Covenant Cove		Date of Public Distribution/Dissemination 07 28 7 2014
240	o Coveriant Cove		Amount
City	State	Zip Code	70.00
Little Rock	AR	72204	Transaction ID: b281c023-6b79-44a8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 28 / 2014
Name of Federal Cand	idate	Support C	ffice Sought: House District: 00
Mr. Mark L Pryor		Oppose	President X Senate State: AR
Calendar Year-To-l Per Election for O			isbursement For: ☐ Primary ☐ General 014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemi:	zed Independent Expenditures		140.00
(b) SUBTOTAL of Unite	mized Independent Expenditures		
(c) TOTAL Independent	Expenditures	······································	
with, or at the request o			made in cooperation, consultation, or concert ther, or (if the reporting entity is not a political
Ms. Emily B		ectronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

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OF

Schedule E)	ENT EXILI	DITORILO	PAGE 45 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
OBrian Price			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2400 Covenant Cove			Amount
City	State	Zip Code	18.30
Little Rock	AR	72204	Transaction ID : 5e31540c-4b97-49f6-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		39336.86	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			07 28 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	90.00
Eden	NC	27288	Transaction ID : 4d4af9a9-90cf-4807-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 108.30
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
			7 7 7
(c) TOTAL Independent Expenditures			•
	ididate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	07 31 2014
Signaturo			

So	chedule E)	PAGE 46 OF 75 FOR SE OF FORM 24/48
NΑ	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee Lisa Booth	Date of Public Distribution/Dissemination
	Mailing Address 1434 South Avenue	07 28 7 2014
	1434 South Avenue	Amount
	City State Zip Code	17.70
	Eden NC 27288	Transaction ID: 76283bf4-44da-497b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Michael Vidrine	07 28 2014
	Mailing Address 1103 West Wilson Street	Amount
	City State Zip Code	55.00
	Ville Platte LA 70586	Transaction ID : 6f34562f-cb98-44d6-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 201-	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	72.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77)	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	o.g. acc	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Michael Vidrine	07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street An	nount
City State Zip Code	33.30
Ville Platte LA 70586 Tr a	ansaction ID : 593136a0-a4ec-48dd-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 28 7 2014
Name of Federal Candidate Support Office So	ught: House District:00
Ms Mary I Landriau	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary
Full Name of Payee Da	ate of Public Distribution/Dissemination
Caleb Craig	07 28 2014
Mailing Address 1410 Bushville drive	mount
City State Zip Code	100.00
Lenoir NC 28645 Tra	nsaction ID : 116608fe-c776-4cf3-b ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 28 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Oppose Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	133.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)		1101120		PAGE 48 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
	<u> </u>	7		
Full Name of Payee Caleb Craig			Date of Publ	ic Distribution/Dissemination
Mailing Address 1410 Bushville drive			Amount	
City	State	Zip Code		14.10
Lenoir	NC	28645		ID: 08732aac-dbaf-49ea-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	187214.37	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Patrice Wolfe			Date of Publ	lic Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd			Amount	28 2014
			711104	
City Little Rock	State AR	Zip Code 72205	Transaction I	7.50 ID : b5e63099-2504-43f6-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disc	oursement or Obligation 28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		39336.86	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures		•	21.60
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·	
(c) TOTAL Independent Expenditures)	4 4
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	9 07 31	2014
Signature		_		

······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Patrice Wolfe	07 28 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City State Zip Code	1.20
Little Rock AR 72205	Transaction ID : 67cc6704-53a8-4d7e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07
Name of Federal Candidate Support Offic	e Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Taylor N Randall	07 28 2014
Mailing Address 2002 E Park Ave	Amount
Apt 40	
City State Zip Code Searcy AR 72143	60.00 Transaction ID : 68ff609a-6c12-46bb-b
Purpose of Expenditure	Date of Disbursement or Obligation
Salary Category/ Type 001	07 28 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	61.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 31 2014
Signature	

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OF

,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-	hour report New repo	ort Amends repor		= M / D = D / Y = Y = Y
Full Name of Payee	_		Date	of Public Distribution/Dissemination
Taylor N Randall			N	07 28 2014
Mailing Address 2002 E Park Ave			Amou	nt
Apt 40			Amou	
City		Zip Code		26.10
Searcy	AR	72143		action ID: 0549ddc1-ed68-4f9d-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		39336.86	Disbursemen 2014	t For: Primary ⊠ General
Full Name of Payee				of Public Distribution/Dissemination
Tabetha D Espenschied				/
Mailing Address 2002 East Park	Ave		L	
Apt 40			Amou	ınt
City	State	Zip Code		60.00
Searcy	AR	72143		action ID: 8d441cc0-e92f-44a2-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 28 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		Oppose	Presid	ent X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	39336.86	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Indepen	dent Expenditures			86.10
(b) SUBTOTAL of Unitemized Indep	pendent Expenditures		· [. 7 7
(c) TOTAL Independent Expenditure	98		•	7 1 7 1 7
Under penalty of perjury I certify th with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M /	31 2014
Signature				

PAGE

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OF

Sche	edule E)	EXI ENDI	101120		PAGE 51 OF 75 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	c if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Fi	ull Name of Payee Francis Richardson				of Public Distribution/Dissemination
М	lailing Address 220 Doucet Rd			Amour	07 28 2014 nt
С	ity	State	Zip Code		27.00
-	afayette	LA	70503		action ID: 3859661c-d02d-4a2e-b of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		07
N	ame of Federal Candidate		Support	Office Sought	:: House District: 00
N	//s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	76774.71	Disbursement 2014 Of	For: Primary X General
	ull Name of Payee Francis Richardson				of Public Distribution/Dissemination
N	failing Address 220 Doucet Rd			Amou	07 28 2014 nt
C	bity	State	Zip Code	— r	2.40
-	_afayette	LA	70503	Transa Date of	ction ID : 5dc0ca9c-e345-42d5-b of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		07 28 2014
N	lame of Federal Candidate		Support	Office Sough	t: House District: 00
N	/Is. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	76774.71	Disbursemen 2014 O	t For: Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures	3		•	29.40
(b)	SUBTOTAL of Unitemized Independent Expenditu	res			
(c)	TOTAL Independent Expenditures			•	7
with	der penalty of perjury I certify that the independen h, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	07	31 2014
	Signature				

Schedule E)		DITOTILO	PAGE 52 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cynthia Stewart			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3001 Pendell Lane			Amount
City	State	Zip Code	40.00
Ft. Smith	AR	72901	Transaction ID: 6302649c-8837-4e01-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	39336.86	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			07 28 7 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	75.00
METAIRIE	LA	70003	Transaction ID : 39c95d8f-95cd-4bf9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		76774.71	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		115.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(a) control of content and maspertaent and			7 7 7
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
U			

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
ERIC TABARY		07 28 2014
Mailing Address 6101 NORA ST		Amount
City State	Zip Code	1.20
METAIRIE LA	70003	Transaction ID: 1ea6f7f2-0f2c-4c95-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	76774.71 Disbut	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination
Mailing Address 112 apache Dr		07 28 2014 Amount
City State	Zip Code	80.00
Search AR	72149	Transaction ID : 7b48e409-497f-44d3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 28 / 2014
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	39336.86 Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	81.20
(b) SUBTOTAL of Unitemized Independent Expenditures	····	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
	ronically Filed] Date	07 31 2014
Signature		

PAGE

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OF

Schedule E)	I EXI END	ITOTIES		PAGE 54 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Anthony Pearson			Date of Public	Distribution/Dissemination
Mailing Address 112 apache Dr			07	28 2014
			Amount	
City	State	Zip Code		34.80
Search	AR	72149		D: 8a0d0a35-344d-4f45-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	39336.86	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jeremy Hollar			07	28 / 2014
Mailing Address 121 Meadowview Drive			Amount	
City	State	Zip Code		60.00
Boone	NC	28607		: c061f63e-bb39-4d7e-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	187214.37	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es			94.80
				7
(b) SUBTOTAL of Unitemized Independent Expendit	tures		•	
(c) TOTAL Independent Expenditures)	7 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 31	2014
olyliature				

	,	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on
\Box	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeremy Hollar	07 28 2014
	Mailing Address 121 Meadowview Drive	Amount
	City State Zip Code	14.10
	Boone NC 28607	Transaction ID : c1827272-c8bb-4766-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 28 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
	Carol L Walters	07 28 2014
	Mailing Address 1900 Glen West Way	Amount
1	City State Zip Code	40.00
		Transaction ID : d5eaafcf-01bf-470c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 28 7 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	54.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE

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OF

Schedule E)	DENT EXILIN	JII OI LO	PAGE 56 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carol L Walters			07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way			Amount
City	State	Zip Code	7.80
Fort Smith	AR	72916	Transaction ID : 42cad377-ffdf-4438-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	39336.86	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 E Market Ave			Amount
City	State	Zip Code	80.00
Searcy	AR	72149	Transaction ID : 3f6142ba-14d1-46ef-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		39336.86	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		. ▶ 87.80
(1) OUDTOTAL (11) :	121		
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 31 7 2014
9			

Sch	nedule E)	EXI END	101120		-	PAGE 57 OF 75 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
W	omen Speak Out PAC				Cc	00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends rep	port filed on	M = M /	D D
	Full Name of Payee Benjamin Hernandez			Da	ate of Public	Distribution/Dissemination
	Mailing Address 915 E Market Ave			Ar	07 nount	28 2014
	Oth.	Otata	7:n Onda	— г		24.00
- 1	City Searcy	State AR	Zip Code 72149			34.80 : 5a42fa5d-08ad-4bc5-8 sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	_	07 /	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
h	Name of Federal Candidate		Support	Office So	ught:	House District:00
	Mr. Mark L Pryor		Oppose		esident X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		39336.86	Disburser 2014	ment For:	Primary
	Full Name of Payee Ms. Tonya Boyd Mailing Address 2357 Fancy Cap Rd				nate of Public	Distribution/Dissemination 28 2014
ŀ	City	State	Zip Code			90.00
	Mt. Airy	NC	27030	Tra Da	nsaction ID : ate of Disburs	: 34b03ed0-416a-433b-8 sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 /	28 / 2014
Γ	Name of Federal Candidate		Support	Office Sc	ought:	House District: 00
	Ms. Kay Hagan		X Oppose	Pre	esident X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		187214.37	Disburser 2014	ment For:	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures.			,	7	124.80
(k	b) SUBTOTAL of Unitemized Independent Expenditure	es		··· •		
(0	c) TOTAL Independent Expenditures			···· •	7	
W	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Da	te 07	/ 31	2014
	Signature					

Schedule		itti Exi Eitb			PAGE 58 OF 75 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
	e of Payee			Date of	of Public Distribution/Dissemination
	onya Boyd			M	07 28 7 2014
Mailing A	ddress 2357 Fancy Cap Rd			Amou	nt
City		State	Zip Code	— L.	21.24
Mt. Airy		NC	27030		action ID: 108f5ab0-166d-4cb6-b of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		07
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	Hagan		X Oppose	Preside	NC NC
	ndar Year-To-Date Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	187214.37	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
	e of Payee	 -		Date	of Public Distribution/Dissemination
Elizab	eth Hanks			N	07 28 2014
Mailing A	ddress 891 W. Melmar				
				Amou	nt
City		State	Zip Code		30.00
Fayettev		AR	72703	Transa Date	oction ID : fd84c245-0642-4832-9 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	N	07 / 28 / Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark	L Pryor		X Oppose	Preside	ent Senate State: AR
	ndar Year-To-Date Election for Office Sought	· · · · · · ·	39336.86	Disbursemen 2014	t For:
(a) SUBTO	OTAL of Itemized Independent Expendit	ures		· •	51.24
(b) SUBTO	OTAL of Unitemized Independent Exper	nditures		· •	42 42 42
(c) TOTAL	. Independent Expenditures			· ·	7 1 7 1 7
with, or at	alty of perjury I certify that the independent of the request or suggestion of, any canonittee) any political party committee or	idate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	31 2014
Signatu	re				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report f	illed on
Full Name of Payee	Date of Public Distribution/Dissemination
Elizabeth Hanks	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 891 W. Melmar	Amount
City State Zip Code	6.30
Fayetteville AR 72703	Transaction ID: 79d56608-c4ba-41ad-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Odiolidai icai lo Dato	isbursement For: Primary General Other (specify) ▶
Full Name of Payee	
Evelyn Lesaicherre	Date of Public Distribution/Dissemination 07 07 07 07 07
Mailing Address 629 Radiance Ave	Amount
City State Zip Code	70.00
Metairie LA 70001	Transaction ID : 54b26c8f-0410-4ad8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 28 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	Other (specify) Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	76.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New r	report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Evelyn Lesaicherre	07
Mailing Address 629 Radiance Ave	Amount
City State	Zip Code 5.10
Metairie LA	70001 Transaction ID : 5d97a708-242f-4ca0-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 28 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Tarrin Lesaicherre Mailing Address 629 Radiance Ave	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
City State	Zip Code 70.00
Metairie LA	70001 Transaction ID : f21fed19-b31f-4d46-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 28 / Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	75.10
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	res reported herein were not made in cooperation, consultation, or concert zed committee or agent of either, or (if the reporting entity is not a political
	ronically Filed] Date 07 31 2014
Signature	

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Tarrin Lesaicherre	07 / 28 / 2014
Mailing Address 629 Radiance Ave	Amount
City State	te Zip Code 5.10
Metairie LA	Transaction ID : d04867d0-14e2-4c7b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 28 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Lee R Carter Mailing Address 3110 Brentwood Rd	Date of Public Distribution/Dissemination M M M / D 28 / Y 2014 Amount
City Stat	te Zip Code 50.00
Raleigh NC	
Purpose of Expenditure Salary	Category/ Type 001 07 28 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	55.10
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······
	penditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political t.
Ms. Emily Buchanan	[Electronically Filed] Date 07 31 2014
Signature	

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	- <i>-</i> /		FOR SE OF	FORM 24/48
	COMMITTEE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼
vvome	n Speak Out PAC	С	C00530766	
Check if	24-hour report	M = M	/ D = D /	Y = Y = Y = Y
		of Pub	lic Distribution/	Dissemination
	R Carter	^M 07	28	2014
Mailing	Address 3110 Brentwood Rd Amo	unt		
City	State Zip Code			4.80
Ralei	h NC 27604 Tran	saction of Disk	ID: 6441c4df	-48a9-4b88-b
Purpos Milea	e of Expenditure	M M M 07	28	2014
Name	of Federal Candidate Support Office Soug	ht:	House	District:00
Ms. K	ay Hagan Oppose President		X Senate	State: NC
	alendar Year-To-Date Disburseme 2014 2014		Primary specify) ▶	General
Eull N				Discontinuities
	ey Hampton	M = M 07	olic Distribution/	2014
Mailin	Address 1700 E Part Ave Amo	-	20	2014
City	State Zip Code			77.50
Searc	y AR 72149 Trans		ID : 155a528a -bursement or C	2d71-4267-9
Purpo Salar	e of Expenditure	M 07	28	2014
Name	of Federal Candidate Support Office Soug	jht:	House	District: 00
Mr. M	ark L Pryor Oppose Presi	dent	X Senate	State: AR
	alendar Year-To-Date er Election for Office Sought Disburseme 2014		Primary specify) ▶	X General
(a) SU	STOTAL of Itemized Independent Expenditures	-		82.30
(b) SU	BTOTAL of Unitemized Independent Expenditures			
(c) TO	AL Independent Expenditures		7	
with, or	enalty of perjury I certify that the independent expenditures reported herein were not made in at the request or suggestion of, any candidate or authorized committee or agent of either, or (immittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 07	31	201	4 Y
Sign				

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeffrey Hampton	07 28 2014
	Mailing Address 1700 E Part Ave	Amount
	City State Zip Code	94.02
	Searcy AR 72149	Transaction ID: 0b8ee82b-d8b7-430f-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President X Senate State: AR
	0000000	rrsement For: Primary X General
	Per Election for Office Sought 39336.86 2014	Other (specify)
	Full Name of Payee Wayne Burckel	Date of Public Distribution/Dissemination
	Mailing Address 46 Glenwood Ave	07 28 2014
	46 Gleffwood Ave	Amount
	City State Zip Code	30.00
	Harahan LA 70123	Transaction ID: 151f3b6d-43d3-4a13-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 28 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	124.02
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	7 31 2014
	Signature	
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Schedule E)	INT EXI ENE	ATOTILO	PAGE 64 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Wayne Burckel			Date of Public Distribution/Dissemination
Mailing Address 46 Glenwood Ave			07 28 2014 Amount
City Harahan	State LA	Zip Code 70123	0.60 Transaction ID : d2a0d01d-2ecd-4639-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	76774.71	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
<u> </u>			07 28 7 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	80.00
High Point	NC	27260	Transaction ID: 002a5458-da82-4146-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	77	187214.37	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 80.60
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		
			7 7 7
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 31 7 2014
Jigiliataio			

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Danielle McCoy	07 28 2014
Mailing Address 1025 Cayley Ct	mount
City State Zip Code	23.40
High Point NC 27260 Tr	ansaction ID: 4173ae51-dc00-4ccb-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 28 2014
Name of Federal Candidate Support Office So	ought: House District:00
Ms. Kay Hagan Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary General
	Other (specify) ▶
Full Name of Payee Chris McCoy	ate of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	07 28 2014 mount
City State Zip Code	80.00
High Point NC 27260 Tra	ansaction ID : cbf8a89b-cc98-4d2b-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 28 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	103.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	31 2014
Signature	

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Schedule E)	INI EXI END	HONES	PAGE 66 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	21.60
High Point	NC	27260	Transaction ID: 7286b605-5bb2-42ac-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	187214.37	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Danielle Landry			07 28 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1089 Oleste Tauzin Road			Amount
City	State	Zip Code	35.00
Breaux Bridge	LA	70517	Transaction ID: 762b2464-70f1-4067-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- T	76774.71	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		▶ 56.60
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
(4, 552.55.12.55.55.12.55			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 07 31 7 2014
-			

Sch	edule E)	EXI END	TOTILO				PAGE 67 OF 75 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					С	C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
	Tull Name of Payee Danielle Landry				Date	М – М	c Distribution/Dissemination
N	Mailing Address 1089 Oleste Tauzin Road				Amo	07 ount	28 2014
	Dity	State	Zip Code		-		8.40
	Breaux Bridge	LA	70517				ID: 56270f37-7df2-4c0a-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M M O7	28 2014
N	lame of Federal Candidate		<u>'</u>	Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu			Oppose			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	76774.71		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Sharon Lloyd				Dat	e of Publi	c Distribution/Dissemination
						07	28 2014
	Mailing Address 4301 Lankford				Am	ount	
	Dity	State	Zip Code				27.50
	Springdale	AR	72762		Tran Dat	saction II e of Disb	D: 55e27223-cf52-426b-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07	28 2014
1	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
Ľ	Mr. Mark L Pryor		X	Oppose	Pres	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	39336.8	6	Disbursem 2014	ent For: Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures						35.90
(b) SUBTOTAL of Unitemized Independent Expenditure	res			. , _		
(c) TOTAL Independent Expenditures				· -	7	7 1 7
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 31	2014
	Signature		_				

Schedule E)	INI EXI ENL	ON ONES	PAGE 68 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			07 28 2014 Amount
City	State	Zip Code	85.00
New Orleans	LA	70116	Transaction ID : d5d8d914-5049-4b72-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		76774.71	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Adduses			07 28 2014
Mailing Address 924 N. Prieur St			Amount
City	State	Zip Code	18.00
New Orleans	LA	70116	Transaction ID : 6ffc32a9-4de5-4607-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	76774.71	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 103.00
(b) SUBTOTAL of Unitemized Independent Exper	ditures		. •
			7 7 7
(c) TOTAL Independent Expenditures			>
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 31 2014
Signataro			

Schedule E)	L /(L ()			PAGE 69 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Christine B Long				Public Distribution/Dissemination
Mailing Address 3121 Charleycote Dr			Amount	28 2014
City	State	Zip Code		10.00
Raleigh	NC	27614		ction ID : 395a0a07-3f7a-4ceb-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	187214.37	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Christine B Long Mailing Address 3121 Charleycote Dr			M	Public Distribution/Dissemination 7 28 2014
City Raleigh	State NC	Zip Code 27614	Transac Date of	4.80 tion ID: 00be3713-6e22-43b2-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	7 28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	187214.37	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures	s		· [14.80
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 5
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07	31 2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Brooke Graphia	07 / 27 / 2014
Mailing Address 2306 Brownlee Rd.	Amount
City State	Zip Code 10.00
Bossier City LA	71111 Transaction ID : 93b1b9ff-1dd7-4391-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 07 27 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Brooke Graphia	Date of Public Distribution/Dissemination 07 27 2014
Mailing Address 2306 Brownlee Rd.	Amount 27
City State	Zip Code 1.23
Bossier City LA	71111 Transaction ID : b3865483-21f2-4f44-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 27 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	76774.71 Disbursement For: ☐ Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	11.23
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	······································
	tures reported herein were not made in cooperation, consultation, or concert prized committee or agent of either, or (if the reporting entity is not a political
	ctronically Filed] Date 07 31 2014
Signature	

PAGE

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OF

Schedule E)	II EXPEND			PAGE 71 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	/
Full Name of Payee			Date of F	Public Distribution/Dissemination
Reagan Brackett			M 07	
Mailing Address 502 E Center Ave			Amount	
City	State	Zip Code		70.00
Searcy	AR	72143		ion ID: e5bd7ead-c217-408b-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	39336.86	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee	_		Date of F	Public Distribution/Dissemination
Christine Stevens			M 07	
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		50.00
Winchester	VA	22602		on ID : 7cbe6fe3-b6eb-4704-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	187214.37	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditur	es			120.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		31 2014

Schedule E)	LIVI EXI EIVE	TIONES	<u> </u>	PAGE 72 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C c	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Rze Culbreath			M M /	24 / 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		40.00
Winchester	VA	22602		: c51c3da0-621e-49a3-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jon E Conner			07 /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		50.00
Winchester	VA	22602		8ea2f79d-64c0-4b7c-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			90.00
(b) SUBTOTAL of Unitemized Independent Expe	ndituros			
(b) SUBTOTAL OF Officernized independent Expe	nultures		•	45
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 31	2014
•				

Schedule E)	IDENT EXTEND	TOTILO	PAGE 73 OF 75 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			C C00530766			
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public Distribution/Dissemination			
Lisa Miller			07			
Mailing Address 718 Azalea Dr.			Amount			
Unit 453						
City	State	Zip Code	60.00			
Hampstead	NC	28443	Transaction ID: 0ef510ef-313a-40c2-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	, 1	87214.37	Disbursement For:			
Full Name of Payee			Date of Public Distribution/Dissemination			
Lisa Miller			07 22 / 2014			
Mailing Address 718 Azalea Dr.			Amount			
Unit 453			, and a second			
City	State	Zip Code	4.59			
Hampstead Purpose of Expenditure	NC	28443	Transaction ID: 89a2277f-16bc-4393-a Date of Disbursement or Obligation			
Mileage		Category/ Type 002	07 / 22 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	7 7	187214.37	Disbursement For: Primary General 2014 General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Exp	enditures		64.59			
(a) SOBTOTAL OF NOTIFICE INASPONDENCE EXP	on and a committee of the committee of t		7 7 7			
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>			
(c) TOTAL Independent Expenditures			>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

Schedule E)	IDENT EXTEND	TIONES	PAGE 74 OF 75 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			C C00530766			
Check if 24-hour report						
Full Name of Payee			Date of Public Distribution/Dissemination			
Lisa Miller			07 24 2014			
Mailing Address 718 Azalea Dr.			Amount			
Unit 453						
City	State	Zip Code	42.00			
Hampstead	NC	28443	Transaction ID : 060a2757-dcd8-4094-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07 24 7 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	1	87214.37	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Lisa Miller			07 24 2014			
Mailing Address 718 Azalea Dr.			Amount			
Unit 453						
City	State	Zip Code	12.09			
Hampstead	NC	28443	Transaction ID : d4db26f2-bdcb-46c0-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	07 / 24 / Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		Oppose	President State: NC			
Calendar Year-To-Date Per Election for Office Sought		187214.37	Disbursement For: Primary ☐ General 2014 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Exp.	enditures		54.09			
(a) 30210112 of nonlinear maspendent Exp			7 7 7			
(b) SUBTOTAL of Unitemized Independent E	xpenditures		·			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 31 2014			
S.griataro						

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	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
V	Vomen Speak Out PAC	C C00530766				
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Lisa Miller	07 28 2014				
	Mailing Address 718 Azalea Dr. Unit 453	Amount				
		51.50				
	City State Zip Code Hampstead NC 28443	Transaction ID : e7acf9b8-5f84-4252-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary Category/ Type 001	07 28 2014				
	Name of Federal Candidate Support Offic	e Sought: House District: 00				
	Ms. Kay Hagan Oppose	President Senate State: NC				
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General				
	Tel Election for Office Sought	Other (specify) ▶				
	Full Name of Payee Lisa Miller	Date of Public Distribution/Dissemination				
	Mailing Address 718 Azalea Dr.	07 28 2014				
	Unit 453	Amount				
	City State Zip Code	4.29				
	Hampstead NC 28443	Transaction ID : 39a5ba9a-1130-47a3-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage Category/ Type 002	07 28 7 2014				
	Name of Federal Candidate Support Office	e Sought: House District: 00				
		President Senate State: NC				
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶				
	(a) SUBTOTAL of Itemized Independent Expenditures	55.79				
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures	5452.88				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
		07 31 2014				
	Signature	2014				

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